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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) 31672-224622	
Application Number 10/665,522-Conf. #5813		Filed September 22, 2003	
For <b>FENOFIBRATE COMPOSITIONS HAVING ENHANCED BIOAVAILABILITY</b>			
Art Unit 1615		Examiner Hasan Syed Ahmed	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$150	\$75
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$560	\$280
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1270	\$635
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1980	\$990
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2690	\$1345
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>22-0261</u>			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>46,180</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
_____ /Keith G. Haddaway/ Signature		_____ November 7, 2011 Date	
_____ Keith G. Haddaway, Ph.D. Typed or printed name		_____ (202) 344-4000 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.			